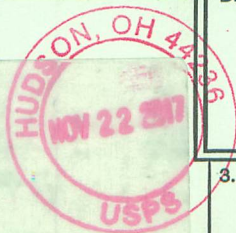


SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jay A. Gershen
6189 Wessington Dr.
Hudson OH, 44236



17cv2408

2. Article Number

(Transfer from service label)

7006 2760 0003 5757 6663

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

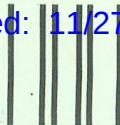
3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

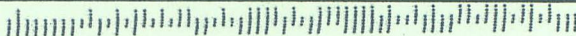
UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

Clerk, United States District Court
Northern District of Ohio
John F. Seiberling Federal Building and
U.S. Courthouse
2 South Main Street
Akron, Ohio 44308



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sandra Emerick
7694 N Mannheim Ct
Hudson, OH 44236

17cv2408

2. Article Number

(Transfer from service label)

7006 2760 0003 5757 6656

COMPLETE THIS SECTION ON

A. Signature

X

W. J. Emerick

B. Received by (Printed Name)

D. Is delivery address different from

If YES, enter delivery address below.

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

Clerk, United States District Court
Northern District of Ohio
John F. Seiberling Federal Building and
U.S. Courthouse
2 South Main Street
Akron, Ohio 44308

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Northeast Ohio Medical University
4209 St. Rt. 44
P. O. Box 95
Rootstown, Ohio 44272

17 CV 2408

2. Article Number

(Transfer from service label)

7012 1640 0002 0165 1103

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Everett H Bender

☒ Agent☐ Addressee

B. Received by (Printed Name)

Everett H Bender

C. Date of Delivery

11-21-17

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

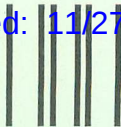
3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

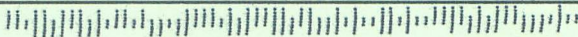
UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

Clerk, United States District Court
Northern District of Ohio
John F. Seiberling Federal Building and
U.S. Courthouse
2 South Main Street
Akron, Ohio 44308



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Northeast Ohio Medical University
Board of Trustees
4209 St. Rt. 44
P. O.Box 95
Rootstown, Ohio 44272

17 CV 2408

2. Article Number

(Transfer from service label)

7012 1640 0002 0165 1141

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Everett A Bender

☒ Agent☐ Addressee

B. Received by (Printed Name)

Everett A Bender

C. Date of Delivery

11-21-17

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

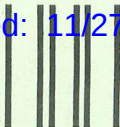
3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



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Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

Clerk, United States District Court
Northern District of Ohio
John F. Seiberling Federal Building and
U.S. Courthouse
2 South Main Street
Akron, Ohio 44308

